

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213556816					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SHENANDOAH PRESBYTERY CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PHILIP H MILLER 11 TERRY CT STE A PO BOX 2366 STAUNTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAUNTON CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: 01494616</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: STELLAR ONE WEALTH MANAGEMENT 1920 MEDICAL AVE. STE E</p> <p style="text-align: center;">CITY/ST/ZIP: HARRISONBURG, VA 22801</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Alan F Garrison TITLE: SECRETARY ADDRESS: PO BOX 108 CITY/ST/ZIP/CO: STAUNTON, VA 24402-0108 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Alan F Garrison TITLE: SECRETARY ADDRESS: PO BOX 108 CITY/ST/ZIP/CO: STAUNTON, VA 24402-0108	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Alan F Garrison TITLE: SECRETARY ADDRESS: PO BOX 108 CITY/ST/ZIP/CO: STAUNTON, VA 24402-0108	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD R. MYERS TITLE: PRESIDENT ADDRESS: 1640 GLENSIDE DR CITY/ST/ZIP/CO: HARRISONBURG, VA 22801 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DONALD R. MYERS TITLE: PRESIDENT ADDRESS: 1640 GLENSIDE DR CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DONALD R. MYERS TITLE: PRESIDENT ADDRESS: 1640 GLENSIDE DR CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD CREASY TITLE: VICE PRESIDENT ADDRESS: 249 THWAITE LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: RICHARD CREASY TITLE: VICE PRESIDENT ADDRESS: 249 THWAITE LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RICHARD CREASY TITLE: VICE PRESIDENT ADDRESS: 249 THWAITE LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RONALD I HYLTON TITLE: VICE PRESIDENT ADDRESS: 955 CLAIRMONT AVENUE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: RONALD I HYLTON TITLE: VICE PRESIDENT ADDRESS: 955 CLAIRMONT AVENUE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RONALD I HYLTON TITLE: VICE PRESIDENT ADDRESS: 955 CLAIRMONT AVENUE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: B RANDOLPH ROLLER TITLE: TREASURER ADDRESS: 1920 MEDICAL AVE STE E CITY/ST/ZIP/CO: HARRISONBURG, VA 22801 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: B RANDOLPH ROLLER TITLE: TREASURER ADDRESS: 1920 MEDICAL AVE STE E CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: B RANDOLPH ROLLER TITLE: TREASURER ADDRESS: 1920 MEDICAL AVE STE E CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: D RAE CARPENTER JR TITLE: DIRECTOR ADDRESS: 160 KENDAL DRIVE APT 313 CITY/ST/ZIP/CO: LEXINGTON, VA 24450 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: D RAE CARPENTER JR TITLE: DIRECTOR ADDRESS: 160 KENDAL DRIVE APT 313 CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: D RAE CARPENTER JR TITLE: DIRECTOR ADDRESS: 160 KENDAL DRIVE APT 313 CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann T Carpenter DIRECTOR 521 Jefferson Street Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN F GARRISON DIRECTOR P O BOX 108 STAUNTON, VA 24402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL KOENIGER DIRECTOR P O BOX 98 BROWNSBURG, VA 24415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOWELL LEMONS DIRECTOR 305 PELHAM DRIVE WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY W MOYERS DIRECTOR 1293 FRIENDENS CHURCH RD MT CRAWFORD, VA 22841	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C PETERSON, III DIRECTOR 2001 N. COALTER ST STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth L Bernhardt DIRECTOR 314 Woodmont Drive Staunton, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS SNYDER DIRECTOR 964 WREN WAY HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G WILLIAM WATKINS DIRECTOR 1035 FAIRWAY DRIVE WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Alan F Garrison		Alan F Garrison, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			